

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

See Instructions and \*Privacy  
Statement On Reverse Side

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CLAIMANT'S NAME <b>Joan M. Borucki</b>		SSN or EMPLOYEE NUMBER*		DEPARTMENT <b>California State Lottery</b>	
POSITION <b>Director</b>		CB/ID No. <b>E99</b>	DIVISION or BUREAU <b>Executive</b>		INDEX NUMBER <b>1100</b>
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS <b>600 North 10th Street</b>		TELEPHONE NUMBER <b>(916) 323-0403</b>
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			<b>Sacramento</b>	<b>CA</b>	<b>95811</b>

(1) NORMAL WORK HOURS

**0800-1700**

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

**0.550**

(4) MONTH/YEAR <b>07/09</b>		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L.T., N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT			
07/07	1130	Sacramento - San Francisco	189.54			18.00					0.00		207.54	
07/08	1100	San Francisco - Sacramento		6.00							0.00		6.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			189.54	6.00	0.00	18.00	0.00	0.00		0.00	0.00	0.00	213.54	
COLUMN CODE (ACCTG. USE ONLY)														

**CLAIM TOTAL****\$213.54**

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Major League Baseball Educational Event - Giants Stadium

**AGENCY ACCOUNTING OFFICE  
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE

**TRAVEL EXPENSE CLAIM**

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CLAIMANT'S NAME Joan M. Borucki		SSN or EMPLOYEE NUMBER*		DEPARTMENT California State Lottery	
POSITION Director		CB/ID No. E99	DIVISION or BUREAU Executive		INDEX NUMBER 1100
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 600 North 10th Street		TELEPHONE NUMBER (916) 323-0403
CITY	STATE	ZIP CODE	CITY Sacramento		STATE CA
					ZIP CODE 95811

(1) NORMAL WORK HOURS  
0800-1700

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED  
0.550

(4) MONTH/YEAR 07/09		(5) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
DATE	TIME			BREAK-FAST	LUNCH	O.T., L.T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT			
07/16	1200	Sacramento - Burbank	125.47			18.00				35.00	10.50	5.78		184.25
07/17	1200	Burbank - Sacramento		6.00			6.00			9.00	29.00	15.95		36.95
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			125.47	6.00	0.00	18.00	6.00	0.00		44.00	39.50	21.73	0.00	221.20
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$221.20

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Major League Baseball Educational Event - Dodger Stadium  
Hotel only had valet parkingAGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

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CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE

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POSITION <b>Director</b>		CB/ID No. <b>E99</b>	DIVISION or BUREAU <b>Executive</b>		INDEX NUMBER <b>1100</b>
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS <b>600 North 10th Street</b>		TELEPHONE NUMBER <b>(916) 323-0403</b>
CITY	STATE	ZIP CODE	CITY		STATE ZIP CODE
			<b>Sacramento</b>		<b>CA 95811</b>

(1) NORMAL WORK HOURS

**0800-1700**

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED  
**0.550**

(4) MONTH/YEAR <b>07/09</b>		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
07/23	0600	Sacramento - Providence, RI	202.27	6.00	10.00	18.00			pc		29.00	15.95		252.22
07/24			202.27	6.00	10.00	18.00	6.00					0.00	11.72	253.99
07/25			202.27	6.00	10.00	18.00	6.00					0.00		242.27
07/26		Providence, RI - Tampa, FL	116.48	6.00	10.00	18.00	6.00					0.00		156.48
07/27			116.48	6.00	10.00	18.00	6.00					0.00		156.48
07/28	1400	Tampa, FL - Sacramento		6.00	10.00		6.00		pc	54.00	10.50	5.78		81.78
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			839.77	36.00	60.00	90.00	30.00	0.00		54.00	39.50	21.73	11.72	1,143.22
COLUMN CODE (ACCTG. USE ONLY)														

**CLAIM TOTAL****\$1,143.22**

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Meeting at GTECH Headquarters in Providence and tour of new instant ticket facility in Tampa.  
Business Expense - fee for use of hotel internet

**AGENCY ACCOUNTING OFFICE  
USE ONLY**

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